

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32607**
Registrar's No. **905**

FILED OCT 25 1948

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Johns**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)
In this community **24 years**

3: (a) PRINT FULL NAME **GEORGE W O'NEAL**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Louise J O'Neal**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **January 20 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 27 hr. min.

9. Birthplace **Carroll County, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Realtor**

11. Industry or business

12. Name **William James O'Neal**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Linsey Garrison**
(City, town, or county) (State or foreign country)

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **George W O'Neal Jr**

(b) Address **1113 Roanoke**

17. (a) **Burial** (b) Date thereof **10-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **10-18-48** (b) **W. H. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1113 Roanoke**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17th**
year **1948** hour **8** minute **38** A. M.

21. I hereby certify that I attended the deceased from **July 1**, 19**48**, to **October 17**, 19**48**.
that I last saw him alive on **October 17th**, 19**48**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma** Duration **5 yrs**

Due to **Carcinoma of Liver**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury

23. Signature **W. H. Handley** (M. D. optional)

Address **609 Cherry** Date signed **10-18-48**

AUG 4 1949

MAY 2 1950

AUG 4 1949

AUG 4 1949

MAY 31 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address. Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.